

# REHABILITATION COUNSELING BULLETIN

1960

DECEMBER

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DIVISION OF REHABILITATION COUNSELING

American Personnel and Guidance Association

DIVISION OF REHABILITATION COUNSELING  
AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

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Salvatore G. DiMichael, Regional Representative, Office of Vocational Rehabilitation, 42 Broadway, New York 3, New York (1963)

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## MESSAGE FROM THE PRESIDENT

Once more it is my pleasure to extend personal greetings to the ever growing DRC membership which now numbers more than 684. We can also take pride in the fact that our parent organization, APGA, has passed the 12,500 membership mark and, more than ever, represents a significant force in the national counseling rehabilitation, and education program.

At this time, the midpoint in our year, I would like to comment on some committee accomplishments. Marvin Wayne and his Membership Committee have issued a most provocative and persuasive brochure, which all of you should have received or will receive shortly, as part of our continuing membership drive. This aggressive committee deserves the support of all of us in this current campaign.

Plans are set for what promises to be a professionally varied and stimulating convention. The program includes some of the best known and productive leaders in rehabilitation and counseling who will discuss important issues such as the unmotivated client, new techniques for rehabilitating psychiatric patients, and the increasing involvement of the total community in working with the mentally retarded. Added features are our luncheon with its usual stimulating speaker and a DRC innovation--continuous daily showings of recent rehabilitation films. I urge all of you to make plans now to attend the APGA Convention to be held in Denver from March 27 to 30, 1961.

Even though lack of financial support has delayed our plans for publishing a Digest for Rehabilitation Counselors, energetic and imaginative work on the part of the Bulletin editor and the Publications Committee will enable us to initiate this important DRC activity in the next issue of the Bulletin.

I think all of us can appreciate the motivation and enthusiasm with which our Committees have re-

sponded to the responsibilities assigned to them. My best wishes for a happy holiday season and a successful and satisfying Rehabilitation year in 1961 go to these hard workers and to all DRC members.

Abe Jacobs

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**HIGHLIGHTS OF DRC PROGRAM AT APGA CONVENTION  
Denver, Colorado—March 27-30, 1961**

- "The Unmotivated Client":** Howard Mausner, Hazel Barnes, William Gellman, Daniel Sinick, Shalom Vineberg.
- "Rehabilitation of Psychiatric Patients within the NP Hospital":** Frank Touchstone, Max Bacon, George Katz, Kennon McCormick, Priscilla Meyer, Arthur Sorenson.
- "Supervision of Rehabilitation Counselor Trainees in Field Placement":** William Usdane, Mildred Edmondson, Shepard Insel, Donald Strong.
- "Total Rehabilitation":** Martin Nacman, Sidney Dressler, Charles Roberts, Morton Zivan.
- "Recruitment and Selection of Students for Rehabilitation Counselor Training Programs":** Kenneth Hylbert, Cecile Hillyer, Adrian Levy, Cecil Patterson.
- "Development of a Community Plan for the Mentally Retarded":** Melville Appell.
- "Factors Contributing to Success vs. Non-Success of Psychiatric Referrals for Vocational Rehabilitation":** Helen Roehlke.
- "Perceptual Selectivity in Orthopedically Disabled Adults":** Robert Titley.
- "Use of Actual Job Samples in Prevocational and Work Evaluation Units":** Richard Sidwell.
- "Treatment of Ambulatory Schizophrenics in Rehabilitation Workshops":** James Selkin.
- "Counseling the Handicapped in Schools":** Cecil Patterson.

**Tour: National Jewish Hospital Rehabilitation Center.  
Continuous film showings throughout Convention.**

**USE THE CONVENTION REGISTRATION FORMS IN THE  
JANUARY PERSONNEL AND GUIDANCE JOURNAL.**

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### **VOLUNTEERS NEEDED FOR DRC DIGEST**

The Executive Council of DRC has voted to incorporate the Digest for Rehabilitation Counselors in the Rehabilitation Counseling Bulletin. Since the financial costs of the Bulletin are borne entirely by the DRC treasury, the number of digests in each issue will be limited to ten. We think of this DRC project as one which should actively involve many of our members in its accomplishment. We urge each of you interested in helping with the Digest to indicate this to us.

The job of our panel members will entail two main tasks. The first is to nominate articles from those journals which they agree to examine. Along with this we request that you write a phrase or sentence describing how relevant and worthwhile you regard the article. Articles will be selected which seem significant and worthwhile for practicing rehabilitation counselors and students in the field. The second task is to prepare, on the request of the co-editors, one digest for each quarterly issue. This is the maximum number; if our panel numbers as many as 40, each panel member would prepare only one or two digests a year. In addition to these major tasks, we hope the panel members will suggest ways to enhance the value of the digest material for our membership and improve the manual of instructions which the co-editors have prepared for panel members.

We plan to digest articles from the following journals. Will you please look at this list to find out which two or three journals it would be most

convenient for you to examine for nominations or the preparation of a digest if requested by the co-editors.

A.M.A. Archives of Industrial Health  
A.M.A. Archives of Neurology and Psychiatry  
American Psychological Association Journals  
Amer. J. of Mental Deficiency  
Amer. J. of Occupational Therapy  
Amer. J. of Orthopsychiatry  
Amer. J. of Psychiatry  
Amer. J. of Sociology  
Archives of Criminal Psychodynamics  
Archives of Physical Medicine and Rehabilitation  
Artificial Limbs  
Behavioral Science  
Cerebral Palsy Review  
Educational and Psychological Measurement  
Employment Security Review  
Geriatrics  
International J. of Social Psychiatry  
J. of the American Medical Association  
J. of Assoc. for Physical and Mental Rehabilitation  
J. of Clinical Psychology  
J. of Counseling Psychology  
J. of Gerontology  
J. of Jewish Communal Service  
J. of Nervous and Mental Disease  
J. of Personality  
J. of Rehabilitation  
Marriage and Family Living  
Mental Hospitals  
Mental Hygiene  
New Outlook for the Blind  
Occupational Outlook Quarterly  
Occupational Psychology  
Pastoral Psychology  
Personnel Psychology  
Physical Therapy Review  
Psychiatric Quarterly  
Psychiatry  
Psychosomatic Medicine



Smith College Studies in Social Work  
Social Casework  
Social Service Review  
Sociological Review

If you think other journals should be added to this list, may we please have your suggestions. If you wish to join the group engaged in this pioneering effort for the rehabilitation counseling profession, let us hear from you about your availability and the journals you prefer to examine.

Write to Henry O. Gwaltney, 750 North Fourteenth Street, Marquette University, Milwaukee, Wisconsin.

Co-editors: H. O. Gwaltney &  
J. E. Muthard

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#### REHABILITATION — THE NEXT DECADE

Kenneth E. Pohlmann  
Staff Member, Welfare and Retirement Fund  
United Mine Workers of America

Many forces at work in America are changing the very nature of our productive economy. Social and economic issues growing out of these changes make some of the slow-paced proposals currently being promoted for meeting health and welfare needs both obsolete and absurd. Sorely needed are constructive and forward-looking legislative measures designed to augment our attack upon disease, disability, and dependency.

Voluntary agencies working in the field are finding themselves faced with some "hard-core" issues that are not easy to resolve. Many of them have developed rehabilitation facilities and services, ranging in scope from simple counseling and guidance programs, through sheltered workshops and related

vocational exploratory plans, to full-fledged rehabilitation facilities. Thanks to some of the earlier efforts of Dr. Rusk, Col. Smith, and others, the augmented training grants available through the Federal Office of Vocational Rehabilitation, and some very intelligent improvising with the use of personnel, many of these facilities and services are now prepared to provide a reasonably good quality of rehabilitation services to disabled people.

A major stumbling block of most of them, however, is that of meeting current operating expenses due in part to the fact that patients are not flocking to them in sufficient numbers to meet their costs. It is also safe to say that a high percentage of their cases come to them through the tax-supported OVR program, particularly in those areas where they offer unique supporting services to state VR programs. Only in recent years have a few insurance carriers seen fit to utilize these facilities in meeting the needs of industrially injured workers. The pressure to utilize facilities within the public programs could easily affect existing voluntary facilities operating in the same areas, by withdrawing substantial financial support.

The medical profession, the insurance industry, and most community agencies are not yet willing, nor sufficiently informed, to utilize rehabilitation resources on a large enough scale to take up the slack which now exists. Furthermore, administrative mechanisms or procedures for steering disabled persons to the services they most need are either fragmentary or lacking, in most areas.

There are basic customs, habits, and policies governing the provision of medical services which make it difficult for insurance carriers, for example, to take cases from under the care of an individual physician and put them under more competent medical rehabilitation facilities. Community agencies are,

also, thoroughly aware of the havoc they create when, they run contrary to the "free choice" concept among physicians.

There are encouraging developments in medical circles, however, which augur well for the future of rehabilitation. These include the expansion of group practice clinics and the sponsorship by medical schools, teaching hospitals, and other medical groups of post-graduate refresher programs, which include rehabilitation subject matter. There is also emphasis upon rehabilitation modalities within hospitals and outpatient clinics in meeting the needs of disabled persons. However, any earth-shaking changes will have to wait upon more drastic measures than now appear upon the immediate horizon before organized medicine, as such, can be expected to move forward with the times.

Many of the training programs for non-medical personnel in the rehabilitation field have received their major support from federal financing and, with few exceptions, this pattern will remain the dominant one for meeting such needs for a long time to come.

As we examine the research growing out of expanded activities in rehabilitation during the past decade, we are struck by the similarity between it and much of the material which came out of the social work field a decade earlier--the maturing process that took place in social work was also at the expense of the taxpayer or contributor and the client! Yet, this is part of the cost we must pay in developing techniques for meeting emerging social problems.

Current training programs in rehabilitation counseling serve to emphasize the individual nature of the counseling process. They leave too little room for those aspects of the counseling job which relate to the community and its responsibility for meeting some of the needs of the disabled and dependent. For example, too many functions in the

rehabilitation process have been assumed by the local VR counselor in the Federal-State VR programs which might properly be provided by other resources. Too little has been said, or even suggested, among those working in the field about the goals we expect handicapped clients to achieve, with physical and financial resources far less ample than those of their able-bodied neighbors.

We spend thousands of dollars researching the psychological and social aspects of motivation, blithely ignoring the fact that value-concepts in individuals grow out of their experiences and the environment in which they have their being. If we would change their concepts, we must develop an environment in which they may experience a new hope! Pride of workmanship does not flourish in a job despised; nor does motivation bloom in the deprivations of poverty. (The OASI disability program recognized from the beginning that a basic incentive to rehabilitation was the continuation of the disability award through rehabilitation and satisfactory placement on the job. Some few state public assistance agencies, with meager benefits at best, have seen fit to carry a man's family while he secured training, placement, and employment elsewhere.) Yet, for the most part, our social welfare system has been geared to Elizabethan poor law concepts, conducive to the maintenance of dependency.

During the past decade, Congress has faced up to certain basic health and welfare problems among our people through belated amendments to the social security laws. These have raised benefit payments, covered larger segments of the population, and erased certain inequities among some covered groups. In the same period, aid to the permanently and totally disabled, under state public assistance programs, was enacted. The new OASI disability insurance program also became a reality. In addition, Congress embarked upon a long-term program of bringing our nation's

health facilities in line with growing needs, by continued and increased support of the Hill-Burton program. At the same time, accelerated medical training and research through a vastly expanded National Institutes of Health program were developed. The combined effect of all these measure, plus those currently under consideration, is to place our national government solidly behind a program designed to cope with health and welfare problems far into the foreseeable future.

During this same period the Federal-State VR program has tripled its expenditures for services, not including training and research grants. Currently, Congress is considering new legislation, designed to expand the activities of the Federal-State program, which would provide rehabilitation services to disabled persons whose objective would be self-care. In addition, federal funds would be made available for the development of rehabilitation diagnostic centers and expanded sheltered workshop facilities.

Public and voluntary agencies are already concerning themselves with measures designed to reduce the effects of disability and dependency among their beneficiaries. As I indicated earlier, some of the more enlightened state public assistance agencies are utilizing rehabilitation services to meet the problems of some of their more difficult cases. It is quite possible that cooperative demonstration projects, sponsored jointly by the Bureau of Public Assistance and OVR, at the federal level, may be developed within the next few years and would enable state VR and public assistance agencies to attack this problem on a much broader scale than has hitherto been possible. Certainly, the time is long past for facing up to the persistent problem of chronic relief loads in many areas of our nation.

In the decade ahead it is quite likely that we shall see some consolidation, both at the federal and state levels, of rehabilitation services for

disabled of all ages. The modalities, both medical and vocational, for rehabilitation are equally applicable to children and adults. Current programs for disabled children, both public and voluntary, have been fragmented to the point where competition between groups seeking support from both tax funds and contributions could easily have an adverse effect upon eventually desirable goals for disabled children, generally. The rehabilitation needs of older aged groups are many. Though we may meet them, in part, by some of the current proposals before Congress, it is likely that we shall develop more comprehensive rehabilitation services for them as time goes by, probably in the nature of physical restoration services on a home and institutional-care basis designed to enable many of them to keep active and self-supporting. How many oldsters remain in the work-force will depend more upon changing attitudes among employers, and how well social security benefits keep pace with the cost of living.

There will, in the next few years, probably, be further searching analyses made of special education, vocational training, and job placement techniques to bring them in line with emerging needs. Such steps are necessary if we are to provide a richer and fuller life for our exceptional children, severely handicapped or maladjusted children who cannot make the grade through conventional educational patterns. In these areas the voluntary groups have to date done some courageous things, but the responsibility for getting these children into the general stream of human activity will more and more come to rest upon the public schools system, aided and abetted by the consecrated efforts of private groups.

The need for better communication between medical and non-medical personnel working with specific handicapped individuals will probably benefit from current studies in coding and classifying disability categories. This problem has haunted every new field of endeavor, both social and scientific, in every period of develop-

ment and, until a nomenclature is evolved which is meaningful to those working in a given field, it is difficult to develop a satisfactory case-finding, case-servicing, and case follow-up procedure.

Another important component of good case-finding, case-servicing, and follow-up is an environment which permits the use of sufficient funds, personnel, and facilities, in an integrated and coordinated manner. It was evident to many of us when Congress enacted the OASI disability insurance program that the members of that body intended that rehabilitation should be an integral part of its operations. Subsequent reports of Congressional committees appear to make it mandatory upon the bureaus involved to achieve the necessary modifications in their working arrangements to assist qualified applicants to attain maximum rehabilitation goals. If additional legislative authority is needed it should be sought from Congress.

With adequate support from interested groups, the Congress of the United States might accomplish, among other things, four major steps in furthering the attack upon disease, disability, and dependency, within the next decade.

1. It might eliminate the age limits for disability benefits under Social Security. (Recently enacted.-Ed.)

2. It might provide, either through amendments to the Hospital and Construction and Survey Act or other legislation, for a vastly expanded rehabilitation facilities program.

3. It might provide, under social security, for certain rehabilitation services to be furnished OASI disability applicants. Such services might well be contracted for through the existing Federal-State VR programs, under regulations designed to assure adequate standards for services rendered. Such standards would presuppose that existing non-profit agencies



offering substantial services would be eligible for participation in the program.

4. There would still remain in our population a substantial group, not covered by social security, who would need rehabilitation services. These groups might well be served by the existing services through federal grants-in-aid to the states based upon demonstrated needs. To those who see the necessary financing and extension of services, in the next decade, coming through alternative sources, it should be pointed out that social welfare policies in the long run stem from the needs of people, and these needs are expressed in a democratic society such as ours, through various means, not the least of which is government.

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#### A NOTE ON THE VALUE OF INTEREST INVENTORIES IN VOCATIONAL COUNSELING WITH PSYCHIATRIC PATIENTS

Stephen Golburgh  
Instructor, Department of Psychology and Guidance  
Boston University

It is quite common to find an important difference between expressed and inventoried interests among psychotic patients, particularly when their illness is in remission and they approach discharge from the hospital. This difference is often troublesome to the counseling psychologist as he finds it difficult to evaluate which set of interests is more valid.

Psychotic patients in remission often express interest in "laborer" type jobs, janitorial work, domestic services, and general factory work. The interesting and common factor about these jobs is that they represent types of work that are easily available to these patients. It is almost as though the psychologist had asked "What kind of job do you think you will get when you leave the hospital?" instead of "What do you feel you might be interested in doing?"



One must seriously wonder if this is the way in which the patient interprets the latter question.

It is possible to speculate that these patients consciously or unconsciously feel there is so little chance for them to get the kind of work they would sincerely be interested in that they respond in the counseling situation with realistically attainable occupations and fail to consider their own needs. There may also be concern with how the psychologist will react to what the patient may consider an unrealistic choice. The patient may feel that this reaction will interfere with his discharge.

Data available on the inventoried interests of psychotic patients indicate that they generally score quite high in the artistic, musical, literary, and social service areas. These areas tend to allow the individual opportunity for creativity and self-expression and provide the participant with considerable personal autonomy. They are in definite contrast to the types of occupations usually expressed by psychotic patients as areas interesting to them. The areas in which psychotic patients measure high, psychometrically, are more in line with what might be expected on the basis of what is known of the psychodynamics of psychosis.

It is more difficult for the patient to misinterpret the inventory items as they provide an organized and thorough process of stocktaking and present numerous specific situations to which the patient must react, as opposed to the rather general and vague responses which may be made to open-ended questions. This does not mean we can definitely consider inventoried interests more valid than expressed interests, but it does seem to point in this direction, at least in so far as psychotic patients are concerned.

These factors appear to have significant implications for vocational counseling with psychotic patients. Interest inventories are of value as they

provide the psychologist and patient with a new and meaningful dimension of data. Through the counseling process the patient is helped to reconcile differences between his expressed and inventoried interests. He is helped to explore and justify to himself or reject the areas he expresses. He is helped to consider what his inventoried interests might mean and what implications they may have for his future behavior.

His often unconscious belief that he cannot satisfy his real interests is frequently not valid. Jobs in the occupational areas of high interest value to these patients are available on many different levels. The psychologist is aware of this, but he is unable to help the patient to learn about it when the true interests of the patient are unavailable. There is little doubt that real interests become clearer only with intensive counseling. Nonetheless the easily administered interest inventory is a valuable tool in the implementation of the method of the counseling psychologist. It helps crystallize the patient's recognition of what he would truly enjoy doing and cuts through what might be barriers to the expression of real interests and their eventual actualization.

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#### TOWARD THE DEVELOPMENT OF A PROFESSIONAL SELF-CONCEPT BY THE REHABILITATION COUNSELOR

Leonard Newman .

Graduate Student, Los Angeles State College

What distinguishes the rehabilitation counselor from the members of other helping professions is the focus of his work, not its level, or quality, or intensity. The failure of the counselor to understand and accept for himself that the vocational focus is a proper, valuable, and professional area of concern underlies the general lack of a professional self-concept.

It is suggested that the counselor's own middle-class values and attitudes toward work intrude into his professional image. His own striving to move upward in the professional hierarchy may have contributed to his desire to gain acceptance as a simon-pure "counselor" who just happens to function in a work-oriented setting.

Perhaps at the root of the resistance of the rehabilitation counselor to accept the vocational area as his own, is the feeling that the acquisition of a body of specialized knowledge about employment, work processes, the techniques of job evaluation, work relationships, economics, trade unionism, and the structure and function of business organizations, somehow undermines the professional scaffolding which he has been trying to erect in recent years. It is sometimes viewed as a negation of the holistic approach and a return to a sub-professional role.

It is true that for many years these elements constituted the major portion of the rehabilitation counselor's professional equipment, and counseling and placement were approached as essentially cognitive and manipulative operations. It is also true that the development of training programs which stress the affective components in the helping process, and bring to the counseling relationship the theories and techniques of psychiatry, psychology, and social work, is in large measure a reaction to the earlier mechanical application of differential psychology and occupational information to individuals in crisis, who often are able to accept help only in implementing their work-selves.

It is precisely in the synthesis of objective knowledge about the vocational world in which the client, through trauma, illness, or congenital anomaly, has lost his direction, and a skilled, empathic understanding of the subjective meaning of this loss, that the rehabilitation counselor finds his professional purpose. Through focusing on the client's vocational concerns,

the counselor enables him to use their relationship to develop greater awareness of his potentialities for functioning again as a productive person, and to learn or relearn satisfying adult work attitudes and economically compensated work roles. Success in this area, however limited, may well generalize to other areas of living.

In addition to his internal view of his professional status, the rehabilitation counselor, functioning as a vocational specialist, finds professional demands made upon him which create conflicts in his own self-structure. On the one hand, he often works with seriously involved clients, individuals whose expectations of him as an "expert" raise his self-esteem, albeit raising his anxiety level about fulfilling those expectations. On the other hand, he must play an equally effective role with employers, interpreting his own services and helping his clients to secure work. The practice of rehabilitation counseling thus demands his playing roles simultaneously, and requires a high level of personal security and professional conviction. ^different

In essence, this writer suggests that a positive professional self-image is a necessary tool in the development of a viable rehabilitation counseling profession; that the pre-condition for such a self-image is the formulation of a body of theory which is peculiar to the profession. From this will stem understanding of professional role, function, and practice. This practice, in turn; can feed back to modify and expand its own theoretical basis.

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#### SUPERVISION IN A REHABILITATION COUNSELOR PRACTICUM AGENCY

Thomas R. Sonne  
Chief, Vocational Counseling, Training and Adjustment  
Section, Veterans Administration Regional Office,  
Buffalo, N. Y.

For several years, the Buffalo VARO has been affiliated with the University of Buffalo as a practicum center for the rehabilitation counselor training program. The RO staff also collaborates with the University in student selection, curriculum planning through membership in the Advisory Committee, and occasional teaching activities. Faculty members at the University participate in planning and conducting RO workshops, seminars, and in-service training sessions which can be shared with students.

Students are referred by the University and a joint plan agreed upon for experiences which will be made available to each student. Actual supervision of the student is accomplished by a staff psychologist. We believe that a 1:1 ratio is most desirable and therefore each supervisor never has more than one trainee. Because time available for client service cannot be reduced, it has been necessary to limit the number of students to not more than three each semester. Academic credit is granted by the University according to the length of the practicum. Most of our students remain with us for two semesters and frequently one will come in during semester breaks or the summer months.

We have found it best to assume certain responsibilities for the aims and techniques of supervision. These may be stated in a list of working principles.

1. The supervisor is not to be involved as more than an evaluator in the student's university program. Other staff members may act as independent observers of the student's work but the University makes the ultimate judgments and assigns grades.

2. Our primary concern is the establishment of a relationship between supervisor and student which will facilitate learning.

3. The student must be given an appreciation of his role as a counselor and the interaction between

counselor and client. He must be shown how to apply the technical instruments and skills he has acquired in school to help his client. Obviously, the supervisor must be technically competent in his own practice and willing to share with the student.

4. The student must learn to evaluate every bit of material that has a positive or negative value to his client. Case conferences and tape recordings have been found invaluable in this area.

5. Assignments must be planned from the basis of the student's theoretical background. We require each student to select and consistently adhere to one theory of personality. He is expected to evaluate all clinical material in terms of that theory. If at points it does not fit, he is expected to extend or suggest alternate concepts.

6. The supervisor is not a therapist for the student. (It is very easy for the supervisor and student to slide into a deep relationship.) Basic personality structure and emerging trends must be recognized only in terms of the way the student deals with client derived material.

7. The student must be given every opportunity to set his own goals, make his own interpretation of the data, and share in the selection of cases. The supervisor must help the student work out short and long term goals for the client.

8. The student should come to regard his supervisor and other staff members as participants in a joint learning process. Thus, students have access to regular staff conferences, a library of taped recordings, and all consultants or specialists on the RO Rehabilitation Board.

9. Competence in written communications will be stressed.

10. Research interests will be encouraged by allowing students, whenever possible, to participate in ongoing research projects at their level of competence. It should be feasible for the student to make some study of his own or collect data for a thesis.

11. During a semester each student will present an oral report on readings in current literature and lead a staff discussion on one of his cases. These assignments will be made by the Section Chief.

12. The Section Chief, and not the supervisor, will be responsible for attendance records, space, equipment, and other administrative details. He will also arrange work schedules to permit time for supervisory conferences.

The enriching, stimulating, and dynamic values gained by the supervisors and the agency in the process of a practicum more than offset the staff overtime required to maintain service schedules.

We hope that more counseling and rehabilitation agencies will make an effort to participate in this type of training. Research into the rationale and technique of methods of supervision may suggest more planful and less pragmatic efforts to contribute to the professional growth of rehabilitation counselors.

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#### LETTERS TO THE EDITOR

Dear Editor:

I was rather startled to read in the September 1960 issue of the Rehabilitation Counseling Bulletin a proposal for the mandatory hiring of the disabled. Before advocating any such outlandish scheme I should think that it would be necessary to prove that Industry was not hiring disabled workers. The President's Committee on the Employment of the Handicapped and its State affiliates working in cooperation with the State Employment Offices have done a splendid job



in opening up employment opportunities for the disabled. This is a voluntary cooperation of private industry with government to accomplish both a humanitarian end as well as providing the labor force necessary for production.

I am sure that if Mr. Lewis would canvass the various State Employment offices throughout the country he would find that they have no trouble in placing well trained disabled people. Certainly these employment offices have a list of unplaced disabled persons but in most cases the job seekers are not prepared to work. The answer to more placement of the disabled in industry lies in improved Vocational Rehabilitation services to the disabled so that they might be prepared for employment.

John F. Mungovan, Director  
Massachusetts Division of the Blind

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#### REHABILITATION NEWS

Alabama: Dr. Thomas E. Brooks, Professor of Education and Guidance, Alabama State College, Montgomery, is on leave as an OVR Fellow in the Department of Vocational Rehabilitation at New York University. This program is under the direction of Dr. Patricia J. Livingston. Dr. Brooks will intern under Dr. Morton Zivan at the Institute of Physical Medicine and Rehabilitation, directed by Dr. Howard A. Rusk. Through this upward extension of his previous training, Dr. Brooks hopes to serve better the increased enrollments of handicapped students in southern Negro colleges and universities.

California: The Conference of Workshops for the Handicapped will meet at San Mateo March 3-5. On March 6 a training institute on work-training centers for the mentally retarded will be held in San Francisco. Both meetings are co-sponsored by San Francisco State College.



Daniel Sinick is the author of Your Personality and Your Job, published by Science Research Associates, 259 East Erie Street, Chicago 11, Illinois.

Connecticut: The Bureau of Vocational Rehabilitation and the State Welfare Department are conducting a special project on rehabilitation of disabled parents. A counselor-caseworker team approach combines vocational and family counseling in an effort to mobilize the family toward the disabled parent's return to employment.

BVR and New Haven community agencies, with support from the National Institute of Mental Health, are planning research on "A Community Project for the Cooperative Care of Mental Hospital Patients."

A series of in-service training seminars is being conducted by BVR with the cooperation of the Connecticut State Psychological Association. Discussion topics include "Utilization of Psychological Skills and Techniques in Vocational Rehabilitation" and "Communication between BVR Staff and Psychologists."

Delaware: A totally blind client, placed as a dark room technician three years ago by Norman Balot of the Commission for the Blind, was given the Handicapped Man of the Year Award by Governor Boggs at a luncheon held at the DuPont Country Club on October 4.

District of Columbia: An OVR pamphlet, The Placement Process in Vocational Rehabilitation Counseling, is available at 35 cents from Superintendent of Documents, Washington 25, D. C.

Hawaii: DVR, with a special project grant from OVR, is employing counselors who will work only with mentally retarded clients in workshop settings located on each of the major islands--Oahu, Hawaii, Kauai, and Maui.

A work sample demonstration project begun November 1959 at Lanakila Crafts, a non-profit workshop, has been approved for a second year. Emphasis the first year was on development of work samples; the second year emphasis will be on measuring the validity of the work samples.

In keeping with national developments, a State Inter-agency Committee on Vocational Rehabilitation was formed in October. It will be an action committee and is composed of representatives of the VA, State Employment Service, Department of Social Services (rehabilitation of the blind), and DVR.

Illinois: A bimonthly publication may be requested from Homemaker Services Bulletin, American Medical Association, 535 N. Dearborn Street, Chicago 10.

Indiana: An OVR-sponsored Supervisory Development Program is to hold its final session at Purdue University the week of February 26. Freeman Ketron is Secretary of the Region V Committee which planned the Program.

Iowa: "The Criterion Problem in Rehabilitation Counseling" is the subject of a research project being directed by Dr. John E. Muthard at the University of Iowa.

Kansas: A training conference for medical consultants and counselors, sponsored by Kansas Vocational Rehabilitation Service, was held December 15-16 at University of Kansas Medical Center.

Massachusetts: A dial indicator for blind machine operators has been developed by State Division of the Blind, with the help of Waltham Vocational School and B.C. Ames Company in Waltham. Further information may be obtained from Robert Scott, Counselor, Division of the Blind, 14 Court Square, Boston 8.

Dr. Arthur J. Bindman has joined the staff of the rehabilitation counselor training program at Boston

University. Previously Chief Mental Health Coordinator and Chief Psychologist in the Massachusetts Department of Mental Health, he holds a Ph.D. in Clinical Psychology from Boston University, an M.P.H. from the Harvard School of Public Health, and is a Diplomate in Clinical Psychology of the American Board of Examiners in Professional Psychology.

Michigan: DVR Training Academies are being conducted for counselors, supervisors, and chief clerks.

Donald Clemens, formerly with Michigan Employment Security Commission, is now DVR's Fiscal Officer.

Minnesota: State Services for the Blind supervises and facilitates the braille, tape, and record project sponsored by the Hama Foundation with the cooperation of the Sisterhood of Temple Israel of Minneapolis, Mt. Zion Temple of St. Paul, the State Department of Corrections, and the Minneapolis and St. Paul Volunteer Bureaus. The purpose of the project is to braille, tape, and press records of an educational, vocational, religious, and recreational nature. The service is critically important to elementary, secondary, and college students, inasmuch as it permits education integrated with those in sighted classes. The 120 volunteers registered with the project include housewives, actors, singers, business persons, teachers, and persons in a variety of other professions. One professional narrator transcribes for 12-inch, long-play, commercially pressed records. Registered as recorders are 64 persons, 27 of whom record in their own homes and the others in the Centennial Building and at Temple Israel. There are 35 certified braillists registered, 10 being inmates at the State Reformatory for Women at Shakopee. Twenty-one volunteers are involved in circulation of the materials.

Two glaucoma clinics were conducted through the co-sponsorship of State Services for the Blind. The state agency is placing a major emphasis on prevention programs inasmuch as authorities agree that 50

per cent of blindness is preventable. The Duluth Glaucoma Clinic, conducted over an eight-hour period on September 17, found 111 persons to have positive readings on the tonometer check for glaucoma. Follow-up medical care has been arranged. The second annual St. Paul Clinic was conducted on September 30 at the Midway YMCA. Sponsors included the state agency, the Committee on Ophthalmology of the State Medical Association, the Midway Lions Club, the St. Paul Chapter of the American Red Cross, Delta Gamma Alumnae, and the St. Paul Nurses Association. Participants included 23 doctors, 37 nurses, and 93 non-professional volunteers. During the six hours of the clinic, 1,068 persons were screened. Major glaucoma symptoms were found in 78 persons who were then referred to physicians of their choice for further medical follow-up. It is expected that approximately 25 persons will have a definite diagnosis of glaucoma, which is a major cause of blindness.

"Blindness--A Vital Challenge to the Professional Team" is the title of an article in the August 1960 issue of Minnesota Medicine prepared by C. Stanley Potter, Director, State Services for the Blind. This paper was read before the Minnesota Academy of Ophthalmology and Otolaryngology.

Ralph Rolland, Supervisor, Business Enterprises, State Services for the Blind, attended a two-week course in principles of administration of the Business Enterprises Program conducted by Harbridge House at Cambridge, Massachusetts, during September..

Missouri: OVR last year allocated funds to Missouri University for a research project to ascertain what facilities and modifications were needed to prepare the University to serve severely physically handicapped students. Robert Prouty, Counselor with Missouri Vocational Rehabilitation in the Kansas City office, was transferred to this project. This survey has been completed and plans have been made to accomplish all the additions and modifications within

four years. Mr. Prouty remains with the University on a part-time basis as research consultant and the remainder of the time as Coordinator of Rehabilitation Services on the campus.

St. Louis University is actively engaged in providing courses in rehabilitation. A course entitled "Introduction to Rehabilitation Counseling" was offered for the first time this semester. According to University officials, the immediate offering this year will provide courses primarily at the Master's level, but these will serve also as beginning courses for doctoral training.

Two in-service conferences have been planned for counselors plus other selected personnel from various agencies in Missouri, one at the Nevada State Hospital January 3-5 and the other at St. Louis State Hospital January 26-27. The conferences will concentrate on the following four problem areas with regard to psychiatric patients: psychological evaluation (with special emphasis on predictability), problems in counseling, community attitudes (including employer attitudes), follow-up services.

Charles Wood, Counselor, St. Louis Vocational Rehabilitation Office, has been assigned to serve as liaison officer with the State Hospital in St. Louis in an effort to help obtain placement for the mentally ill. This is a timely assignment since a project for a "Halfway House" in St. Louis has been approved.

Tom Boyd, a Counselor in the St. Louis Office, has been assigned to the Special District School for Handicapped Children in St. Louis County as full-time Vocational Rehabilitation Counselor. His major effort will be to assist in planning training for all types of handicapped children and to arrange for job placement.

New York: The 15th Annual Report of the Health Guidance Board, City College of New York, covers compre-

hensively this school's experience from 1946 to 1960 in facilitating the education of students with physical impairments. The report was prepared by Dr. Margaret E. Condon, Executive Officer of the Board and Counselor to Physically Handicapped Students.

Oregon: A research and demonstration project on CVA ("stroke") cases has been under way for two years in the Portland area. Sponsored by the Oregon State Board of Health in cooperation with the Rehabilitation Institute of Oregon, Multnomah County Health Department, Portland Health Department, and State Medical Society, it has demonstrated that the majority of "stroke" cases (regardless of age) may be greatly improved if (a) taken in hand quickly after stroke occurs, (b) given proper therapy and exercises, (c) psychological or psychiatric treatments and counseling are used properly by experienced personnel, (d) follow-up in home, on the job, or at school is provided patient and family. Actual dollar savings to families and communities is averaging at least \$2,000 per case per year under costs where no appropriate therapy and counseling follow-up are provided. Nursing homes, hospitals, and private doctors are showing increasing interest in this project. This project has been limited to medically indigent patients (since public funds were involved) but should be extended to every stroke case, regardless of age or ability to pay.

A research project to classify and catalog rehabilitation literature is virtually completed in Oregon. This project, under the direction of Doreen Y. Portal, a trained librarian, was undertaken by Oregon DVR to develop a cataloging system useful for state vocational rehabilitation agencies both for proper maintenance of a library and for circulation of library materials to staff. A unique feature is a manual to enable clerical personnel to take care of new acquisitions.

The Rehabilitation Institute of Oregon, in Portland,

has installed several new techniques recently developed for use in physical therapy. Included are such devices as means to activate nerve centers and muscles where disease or accident has impaired original sources of motion or communication. Also installed is group therapy for patients with similar physical limitations. Group therapy follows individual treatments with no additional cost to patient or agency. Both physical and psychological improvements are very significant and patient morale greatly improved. Vocational counselors are invited to visit the Rehabilitation Institute and observe these new methods and results.

September 12-16 marked the dates of Oregon's Fifth Annual Workshop on Rehabilitation for community workers. In attendance at a retreat situation at Oceanlake on the Oregon Coast, were workers from Oregon, Washington, and Alaska. Under national, regional, and state leaders in rehabilitation, the participants discussed methods of coordinating and integrating services on behalf of the disabled.

Pennsylvania: The State Office for the Blind, under a \$45,000 OVR grant, has contracted with Personnel Research Center of Philadelphia to do the initial work on problems surrounding the placement of blind individuals in professional occupations. One aim is to develop, from over 500 nationwide interviews completed, a body of knowledge suitable for courses on placement of the blind in professions. The first such course is to be given for state agency personnel during the late spring of 1961. A second aim is to develop, in both printed and recorded form, vocational guidance materials for schools for the blind, public schools, universities, and agencies for the blind. These materials may be available after July 1, 1961.

A new rehabilitation counselor training program is headed by Dr. L. Leon Reid, Department of Special Education and Rehabilitation, University of Pittsburgh, Pittsburgh 13. This program offers the M.Ed., Ed.D.,



and Ph.D., with stipends of \$1800, \$2000, \$2800, and \$3400 available from OVR. Candidates may enter in September, January, and April.

Jack Van Vliet, formerly Associate Principal Investigator with the Connecticut Commission on Alcoholism, is Vocational Counseling and Rehabilitation Psychologist at the Devereux Foundation, at Devon. He is working with mentally retarded and emotionally disturbed adolescents and young adults in residential treatment at the Devereux Schools.

Rhode Island: A series of five sessions devoted to problems of rehabilitating handicapped homemakers has been started under the auspices of the University of Rhode Island's College of Home Economics. Mrs. Elizabeth W. Crandall, Associate Professor, and Miss Evelyn M. Lyman, URI Extension Home Management Specialist, report three of the meetings will be held at the University Extension Building and two others in homes of disabled homemakers. Work simplification principles will be applied to specific problems of home management faced by disabled wives and mothers. Adaptation of household equipment, clothing design, and the care of infants and small children will also be considered in the workshop.

Mrs. Crandall was one of the leaders of a seminar sponsored by DVR last May at Butler Health Center which was attended by about 125 home economists, nurses, therapists, social workers, and rehabilitation personnel. Both she and Miss Lyman serve on the Advisory Council to DVR's recently organized handicapped homemakers program.

Tennessee: At the beginning of fiscal year 1960-61, special counselors had been assigned to all three mental hospitals in Tennessee--Central State in Nashville, Western State in Bolivar, and Eastern State in Knoxville. The Rehabilitation Division in Tennessee has been aware of the mental health problem for a long time, and a special counselor has been at



Central State for some five years, the other two assignments being made recently.

Two meetings have been held in Nashville by representatives of the VA Regional Office in Nashville, VA Hospitals in Murfreesboro and Nashville, Division of Vocational Rehabilitation, and Tennessee Department of Employment Security to consider the formation of an Interagency Committee on Vocational Rehabilitation.

N.E. Acree, Chief, Counseling and Training Section, VA Regional Office in Nashville, has completed a research project in which he developed a new scoring key for the Strong Vocational Interest Blank based on replies from counselors in the VA Vocational Rehabilitation and Education Program. Replies were received from counselors in 49 states and in Puerto Rico. The results were found to be significantly different from those of Kriedt's Guidance Sub-key and Brown's Vocational Counselor Key.

The Institute on Rehabilitation of Mental Retardates met at George Peabody College, Nashville, November 14-18, to enable vocational rehabilitation counselors to improve their knowledge, attitudes, and skills for their work in this disability area.

Vermont: State Services for the Blind staff, under OVR training grants, have had six two-hour sessions in emotional problems related to blindness under the leadership of Dr. Hans Huessy, Diplomate in Psychiatry. One hour is given to presentation of problem, the second hour to application via case study. Because of the scope of the lectures and the benefit to the staff in their increased understanding of the causes and the recognition of emotional and psychiatric symptoms, request has been made for a current grant to cover sixteen additional lectures on a semi-monthly basis.

Washington: A recent progress report shows DVR's "Do-They-STAY-Rehabilitated" research study is pro-

gressing on schedule and with good returns. The Washington State Research Council, a non-profit non-state agency, is conducting the study. Primary objectives are to determine the extent to which basic DVR aims are being realized, to determine characteristics of successful cases as contrasted with those cases of lesser success, and to measure "the return on investment." The final report is scheduled to be released in December.

DVR recently approved a grant-in-aid of \$36,785 to Occupational Rehabilitation, Inc. (ORI), of Seattle. ORI is the third sheltered workshop facility in the state to benefit under the 1959 state law authorizing grants to assist in the development of sheltered workshops, supervised work opportunities, or other facilities for rehabilitating the handicapped. All three workshops are established, organized, and operated through community efforts. DVR acts in a consultant role on request of the community groups. The first grant went to the Kitsap Sheltered Workshop, Inc., in Bremerton, last March. The second was made in July to the United Cerebral Palsy Workshop, Inc., in Tacoma.

R. Leon Ross has been appointed a vocational rehabilitation officer in DVR's Program for Nondisabled Recipients of Public Welfare. His alma mater is the University of Denver. For the past six years he's been a welfare caseworker in Spokane.

Wyoming: A master's degree in rehabilitation counseling qualifies one for state positions whose salary scale is \$6000 to \$7000 depending upon other qualifications. Inquiries should be directed to James G. Hook, Director of Vocational Rehabilitation, 123 Capitol Building, Cheyenne.

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#### OF MANUSCRIPTS, MOBILITY, AND MEMBERSHIP

MANUSCRIPTS should be sent to Dr. Daniel Sinick,

Editor, San Francisco State College, San Francisco  
27, California.

CHANGES OF ADDRESS and related inquiries should be sent to American Personnel and Guidance Association, 1605 New Hampshire Avenue, N.W., Washington 9, D. C.

MEMBERSHIP in the Division of Rehabilitation Counseling, American Personnel and Guidance Association, includes a subscription to the Rehabilitation Counseling Bulletin.

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If you are not a member, we invite you to join the Division of Rehabilitation Counseling. Please complete this and mail it to Dr. Marvin R. Wayne, DRC Membership Chairman, Hunter College, New York 21, New York.

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**Hawaii, Guam:** Mrs. Elizabeth Morrison, Department of Social Services, Box 339, Honolulu, Hawaii

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